

# Exhibit G



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2019108443  
 Date Received: APR 15 2019  
 Date Due: 5/30/19  
 Grievance Code: 611  
 Investigator ID #: 1868  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAY 29 2019

Offender Name: Stephen Pimber TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12AF73  
 Unit where incident occurred: N/A

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Several people at H.G. (Neurosurgery) When? Different times

What was their response? Surgery was approved, but not scheduled.

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been told several times, dating back to Sept 1st 2016 that my neck surgery (to relieve pressure off of my spinal cord) had been approved, yet not scheduled.

I need that surgery done ASAP, Please! I've now been having spasms in my neck where it chokes me for a few seconds. These come and go often. Mostly when I yawn. Something in my neck swells up and I can feel it with my fingers when it happens.  
 I need that pressure off of my spinal cord!

"Please schedule this neck surgery!" It's been approved for a long time now.

Action Requested to resolve your Complaint.

*I need neurosurgery to finally schedule my neck surgery to relieve pressure off of my spinal cord.*

Offender Signature: *[Signature]*

Date: *4-11-19*

Grievance Response:

Review of your medical records reveals that you were last seen by Neurosurgery in February 2016 re: neck. There was a referral submitted on 8/24/18 to Neuro to discuss treatment plans for you. MSRS screen reveals that you were scheduled on 4 different occasions and on two times you were rescheduled due to transportation issues and on the other two occasions it was noted that you were a no show. This office will refer your chart back to the provider for possible referral back to Neuro. Please follow up with this office via I-60 in a week to follow up on the status. This office notices you haven't had any recent complaints with your neck which is good. However, if you do have any issues or concerns, please submit a SCR listing your signs and symptoms and you will be scheduled. No further action warranted at this time.

Signature Authority: *[Signature]*

Anitra Lindley  
Senior Practice Manager  
UTMB-CMC

Date: *5/29/19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (p. 128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

JGI Printed Name/Signature: \_\_\_\_\_

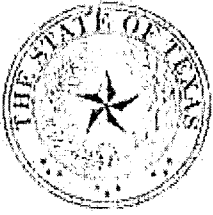
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2019126895Date Received: MAY 21 2019Date Due: 6/30/19Grievance Code: 814Investigator ID #: J1868

Extension Date: \_\_\_\_\_

Date Ret'd to Offender: JUN 04 2019

Offender Name: Stephen Barber TDCJ # 999507  
 Unit: Polinsky Housing Assignment: 12 AA6  
 Unit where incident occurred: Polinsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? 2nd shift officers

When? May 17<sup>th</sup>, 2019

What was their response? They're (officers) are doing showers.

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

These officers on 2nd shift are showing up "AFTER" 10 PM to take me to 10 Building for my medical shower.

\* On May 17<sup>th</sup> they came around 11:30 PM, I got back to my cell around 12 midnight.

\* On May 19<sup>th</sup> at 1:00 AM they came to take me for my shower, I got back at 1:44 AM to my cell.

I am suppose to be allowed by the 5<sup>th</sup> circuit 5 + 6 hours of undisturbed sleep. That's 10:00 PM - 3:00 AM.

(I just received an execution date, I need my sleep.)

(I would like to get my shower "soon" after recreation like everyone else, and NOT be punished just because I'm disabled, having to wait until mid night for my shower, and or, even later.

Action Requested to resolve your Complaint.

I want what Im suppose to have, undisturbed sleep at night.

Offender Signature: *Steph Bell*

Date: 5-19-19

Grievance Response:

A review of your complaint has been conducted. 12 Building Shift Supervisors have been contacted and interviewed in regards to your grievance. Shift Supervisors have counseled staff on properly conducting medical showers within the proper time limits. This issue has been addressed and will continue to be monitored to ensure compliance.

Signature Authority:

*J. Bell, AW Bell*

Date JUN 04 2019

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

-127 Back (Revised 11-2010)

**OFFICE USE ONLY**

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Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

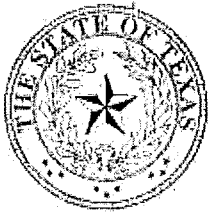
Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

**STEP 1****OFFENDER  
GRIEVANCE FORM****OFFICE USE ONLY**

Grievance #:

2020030341

Date Received:

NOV 1 2019

Date Due:

12-11-19

Grievance Code:

500

Investigator ID #:

I 1868

Extension Date:

1-20-20

Date Reid to Offender:

JAN 14 2020

Offender Name: Stephen Barber TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12AF71  
 Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Butcher When? few months ago

What was their response? That regular trays would get fried chicken at least once a month

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I spoke to Warden Butcher and he said that the regular trays would start getting fried chicken at least once a month.

Regular trays are not getting fried chicken once a month.

Action Requested to resolve your Complaint.

*I'd like to have fried chicken also.*

Offender Signature:

*Stefan Bol*

Date:

*11-01-19*

Grievance Response:

A review of your complaint has been conducted. Upon investigation it was determined that fried chicken will be served when enough chicken is in stock to do so. Additionally, there is no schedule stating when fried chicken will be served. It is not a requirement that fried chicken be served. No staff misconduct or policy violations by Kitchen Staff found. No further action deemed warranted by this office at this time.

Signature Authority:

*S. Perez**S. Perez*Date: *JAN 14 2020*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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UGI Printed Name/Signature: \_\_\_\_\_

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Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

**OFFICE USE ONLY**

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## Texas Department of Criminal Justice



# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Stephen Barbee IDCI# 999507  
 Unit: Polunsky Housing Assignment: 12 AF 71  
 Unit where incident occurred: Polunsky

OFFICE USE ONLY	
Grievance #	<u>RA040559</u>
Date Received	<u>NOV 25 2019</u>
Date Due	<u>1-9-20</u>
Grievance Code	<u>673</u>
Investigator ID #	<u>I1868</u>
Extension Date	
Date Ref'd to Offender	<u>NOV 27 2019</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sent I-60 to medical When? 11-13-19  
 What was their response? No Refund - (returned response 11-16-19)  
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

I was charged \$13.55 and it was taken from my Trust Fund acc# on 10-17-19. I am chronic care and shouldn't have been charged. (I-60 said the same)  
(MV 0001355 0000000 UTMB UT TL 101419)

"I AM CHRONIC CARE" And have been for years.

Please have my funds returned to my acc#.

If not, my family will contact the Ombudsman and Huntsville.

(I was told by a Captain, that if I was going to contact the Ombudsman office, to at least let you know before-hand. There's my notice.)



ction Requested to resolve your Complaint.

*I want my money (\$13.55) returned to my acc.*

Offender Signature:

*[Signature]*

Date:

*11-21-19*

Grievance Response:

Review of your medical records reveals that you submitted a Sick Call Request on 10/11/19 to the dental department complaining of upper tooth hurting. You were seen and evaluated for your complaint on 10/14/19. The treatment provided was as follows: Radiographs 1 x PA taken and reviewed, Pre-procedural rinse with antiseptic mouthwash recommended with all future treatment and Medications Prescribed: None. You were informed to drop another SCR if your tooth doesn't improve. The fee is valid and you will not be refunded.

Signature Authority:

*[Signature]*

Anitra Lindley  
Senior Practice Manager

Date:

*11/26/19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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- ☐ 11. Inappropriate. \*

GI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

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3<sup>rd</sup> Submission

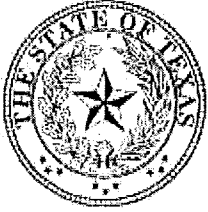
UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Stephen Barbee TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12 A F 71  
 Unit where incident occurred: Polunsky

## OFFICE USE ONLY

Grievance #: 2020051415  
 Date Received: DEC 18 2019  
 Date Due: 1-27-20  
 Grievance Code: 504  
 Investigator ID #: I 11612514  
 Extension Date: 3-7-20  
 Date Retd to Offender: MAR 31 2020

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Necessity Officer When? 12-17-19

What was their response? N/A

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I haven't been given any bippy cleaner to clean with in several weeks now.

I need it to clean off the seat in the handicap shower here on my pod when I go in to take my shower. I'm disabled and need that seat. Many people use this shower every day before me and it's dirty.

Will you please see that I'll get bippy each week to keep my toilet and the shower seat clean, I really need it.

Thank you!

Action Requested to resolve your Complaint.

*I need bippy every week, especially for the handicap shower. I need to have a clean seat to sit on.*

Offender Signature: *Stylus Bk*

Date: *12-17-19*

Grievance Response:

Your complaint has been investigated and there is insufficient evidence to substantiate your claims. Unit Supply staff has issued cleaning powder which was passed out by staff. No further action is warranted.

Signature Authority: *B. Jackson*

*B. JACKSON, AW*

Date: *3/31/20*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-127) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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UGI Printed Name/Signature: \_\_\_\_\_

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Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Stephen Barbee TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12 AF 71  
 Unit where incident occurred: Polunsky

2020071018  
 Grievance #: 2020071018  
 Date Received: JAN 31 2020  
 Date Due: 3-11-20  
 Grievance Code: 300  
 Investigator ID #: I25141008  
 Extension Date: 4-20-20  
 Date Retd to Offender: APR 06 2020

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Jackson When? 1-28-2020

What was their response? New policy will begin 03-01-20

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

As of March 01, 2020 TDCJ is expected to implement the "Inspect to Protect Policy".

This new policy is unfair to Death Row offenders for general population offenders have access to O.T.S. (Offender Telephone System) which allows general population offenders to have an extra, up to ten people, plus their visitation list of ten totalling twenty people; whereas Death Row offenders only have ten.

Death Row offenders should be allowed access to the O.T.S. or given a new total of twenty people on their visitation list.

Action Requested to resolve your Complaint.

Have access to O.T.S, or be given an extra 10, totalling 20 people on our (death row) visitation list.

Offender Signature: [Signature]

Date: 1-31-20

Grievance Response:

Your grievance was investigated. The Inmate records department reports that the new AD Policy is still in the pilot process and still has to work out and finalized. However Huntsville is aware of this issue and will be working to correct the issue. Furthermore, general population offenders are only allowed 10 visitors on their visitation list. Death row offenders are allowed to make phone calls but you will have to submit an I-60 to the major for approval. No further action is warranted.

Signature Authority: B. Jackson

B Jackson AW

Date: 4/3/20

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UGI Printed Name/Signature: \_\_\_\_\_

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Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

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Grievance #: \_\_\_\_\_

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Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

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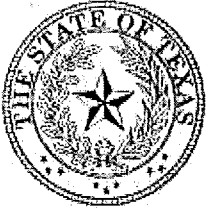
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Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2021074217  
 Date Received: FEB 22 2021  
 Date Due: 4-3-21  
 Grievance Code: 510  
 Investigator ID #: I-2732161  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAR 30 2021

Offender Name: Stephen Barbee TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12 B-D 45  
 Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. (From 2-10-21 to 2-20-21)  
 Who did you talk to (name, title)? Several officers (Sgt. Asato) When? Everyday  
 What was their response? None - officer Beckner said no medical showers  
 What action was taken? None - nobody came for me.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am disabled and require a medical shower on A-pod F-section 12 Building where the only handicap shower is.

Medical is meant to be allowed a "daily" shower because I'm disabled and have difficulty cleaning myself in my cell. I need the handicap shower

I was denied a shower for 10 days! TEN DAYS!

I moved to B-pod on 2-10-21 and haven't been allowed to go to A-pod to shower for TEN DAYS. I acquired acquired sores because of this denial.

I finally showered on A-pod on 2-20-21 at 9:30 pm 10 full days.

(They even didn't get me to take me to shower tonight 2-21-21 - NO shower Again!)

Action Requested to resolve your Complaint.

*I need my daily shower to keep clean. I am*  
 1 *Medical Shower, disabled.*

Offender Signature: *Steph Ford*

Date: *2-21-21*

Grievance Response:

An investigation into your allegations has been conducted. It was found that there is merit to your claim that you did not receive a medical shower daily. Staff and supervisors have been instructed to ensure that medical showers are conducted on a daily basis. If you have any more issues, contact a security supervisor. No further action is warranted.

Signature Authority: *B. Jackson*

Date: *MAR 30 2021*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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UGI Printed Name/Signature: \_\_\_\_\_

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Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

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Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

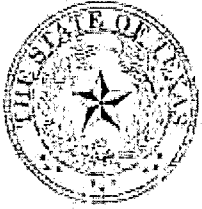
3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

OFFICE USE ONLY

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: Stephen Barber TDCJ # 999507  
 Unit: Petersky Housing Assignment: 12 B-D 45  
 Unit where incident occurred: Petersky

Grievance #: 2021086822  
 Date Received: MAR 23 2021  
 Date Due: 5-7-21  
 Grievance Code: 608  
 Investigator ID #: I2731  
 Extension Date: \_\_\_\_\_  
 Date Ret'd to Offender: APR 27 2021

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sent medical Request When? 3-8-21 / 3-16-21  
 What was their response? Both Request sent back said "scheduled for Sunday"  
 What action was taken? NONE!

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have sent Two medical request to have my toe nails cut. I'm disabled and cannot cut them myself.

The nurses do not like to cut toe nails and Always keep passing me up for the next time.

Request sent 3-8-21 - Response "Scheduled for routine clinic Sunday"

Request sent 3-16-21 explaining no one pulled me out, Response "Routine Clipper Clinic Sunday"

No one will pull me out for my medical Request.

I need someone to cut my toe nails - Please!

Action Requested to resolve your Complaint.

*I need someone from medical to do their job and honor my medical request and needs.*

Offender Signature: *Sept Paul*

Date: *3-22-21*

Grievance Response:

Review of your medical records reveals that you were able to get your toenails clipped as requested. No further action warranted at this time.

Signature Authority: *Myanaz, SV*

Date: *4/21/21*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not applicable to this appeal. Affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-128 Back (8-11-2011) (01)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Appendix F





## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2021142424  
 Date Received: JUL 28 2021  
 Date Due: 9-11-21  
 Grievance Code: 608  
 Investigator ID #: I 2731  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: AUG 10 2021

Offender Name: Stephen Buckee TDCJ # 999507  
 Unit: Pokonsky Housing Assignment: 12 AA 04  
 Unit where incident occurred: Pokonsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I spoke with a Nurse handing out <sup>sick call.</sup> When? 7-23-21  
 What was their response? She took my name and TDCJ Number.  
 What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I sent Two 1-60's to medical via mail to have my toe nails cut, (because I can not cut them myself).

First 1-60 sent 7-13-21, the 2<sup>nd</sup> 1-60 7-19-21

Where did the 1-60's go? I Never got back a response.

Why is Someone throwing my medical request away?

Why is it that I have to send a grievance to get my toe nails cut, Again!

I had to send a grievance over the same issue last time I needed my toe nails cut.

It's clear the Nurses do not like to cut toe nails, but if they dont want to do their job ~~and~~ and assist a disabled person cut their toe nails, they should change their profession.



Action Requested to resolve your Complaint.

*I need my toe nails cut.*Offender Signature: *Steph Bar*Date: *7-26-21*

Grievance Response:

Review of your medical records reveals that you were seen in chronic care clinic on 8/4 and the following was noted: SCHEDULE WITH PROVIDER FOR TOE NAIL TRIMMING AND RIGHT ELBOW STEROID INJECTION NEXT WEEK. No further action warranted at this time.

Signature Authority: *Alyanas*Date: *8/12/21*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

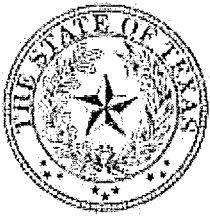
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

**OFFICE USE ONLY**

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2021144370  
 Date Received: AUG 02 2021  
 Date Due: 9-16-21  
 Grievance Code: 600  
 Investigator ID #: I2731  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: AUG 16 2021

Offender Name: Stephen Barker TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12 AA 04  
 Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Pill tech won't give her name When? 8-2-21

What was their response? N/A

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

The pill tech which passed out Am meds, (a tall thin black woman) today keeps getting my prescriptions wrong! (8-2-21)

1. She gave me 30 mg ~~800~~ Duloxetine  
 It's suppose to be 60 mg.

2. She didn't give me my Naproxen 500 mg.

She's been here long enough (surely) to know how to do her job.

1. She's stealing medication or she can't read, which is it?

I need someone to just give me my medication, right because I hurt to bad to go without. She's the only one who does this! As soon as I moved back to A-pod (this side) I started to get shorted my med's, again.

*I'm tired of having to deal with this lady.*

*I moved to AA04 (A-pod) 7-6-21 and she's done this three times now.*

*Either she's stupid and can't read or she's stealing my meds!*

Action Requested to resolve your Complaint.

*I need my medications!*

Offender Signature: *Steph Bond*

Date: *8-2-21*

Grievance Response:

Review of the medical records reveals that you received your Duloxetine DR 60 mg on 8/2 at 0749 by Nurse Bond. Further review reveals that you did not receive your Naproxen as you stated on 8/2 but you did accept on 8/3 according to medication compliance screen. Both of these medications are KOP so you should be receiving a pill pack. All medications will be administered as ordered. Nursing administration will continue to monitor complaints as such. Please notify the Cluster Nurse Manager via I-60 if you have any future complaints regarding medication administration. This issue has also been discussed with pharmacy staff. All medical staff are to wear their ID badges where their name and picture are visible. No further action warranted at this time.

Signature Authority: *Manas*

Date: *8/12/21*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

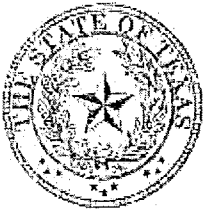
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2022005712Date Received: SEP 15 2021Date Due: 10/25/21Grievance Code: 300Investigator ID #: I2731

Extension Date: \_\_\_\_\_

Date Ret'd to Offender: SEP 15 2021

Offender Name: Stephen Barker TDCJ # 999507  
 Unit: Polinsky Housing Assignment: 12 AA 04  
 Unit where incident occurred: Polinsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. Barry Brown - Salvation Army When? Sept 7th 2021

What was their response? He won't be able to touch me or speak to me in the chamber.

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

Sgt. Brown, my spiritual advisor told me that TDCJ would NOT allow him to touch me or speak to me while I was in the death chamber, during my execution.

I am being deprived of my religious rights because I believe my spiritual advisor should touch me and say the appropriate words while I'm in the death chamber.

After-all a minister's words is what brings peace and persuasion in my religious beliefs.

Copy also sent to: A. Richard Ellis  
Attorney at Law  
75 Magee Ave.  
Mill Valley, CA 94941



Action Requested to resolve your Complaint.

*I would like and need for my spiritual adviser to touch me and say the appropriate words during my execution in the chamber.*

Offender Signature: *[Signature]*

Date: *9-15-21*

Grievance Response:

Your grievance has been investigated. At this time the spiritual advisor is not allowed to touch the inmate or speak out loud once inside the execution chamber. No further action is warranted at this time

Signature Authority: *[Signature]*

Date: *9-16-21*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





Texas Department of Criminal Justice  
**STEP 2** OFFENDER  
 GRIEVANCE FORM

Offender Name: Stephen Barbee TDCJ # 999507  
 Unit: Polunsky Housing Assignment: 12 AA 04  
 Unit where incident occurred: Polunsky

## OFFICE USE ONLY

Grievance #: 2022005712  
 UGI Recd Date: OCT 01 2021  
 HQ Recd Date: \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Grievance Code: 300  
 Investigator ID#: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

*I was denied my freedom of religious rights on 9-16-21*

*I need my spiritual advisor to hold my hand while he prays with me during my execution, if it comes to that.*

Offender Signature: Steph PaulDate: 9-26-21

Grievance Response:

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Stephen Ambler ID# 927567  
 Unit: Adolescent Housing assignment: 12 AA 04  
 Unit assignment: Adolescent

Grievance #: 202-2005922  
 Date Received: SEP 15 2021  
 Date of Incident: 10/30/21  
 Grievance Code: 608  
 Investigator ID: I2731  
 Expense Code: \_\_\_\_\_  
 Date of Review/Resolution: \_\_\_\_\_

Offender must be present and must be with a staff member before you submit a grievance. The only exception is if you are appealing an inmate's disciplinary hearing.

Offender must be present and must be with a staff member before you submit a grievance.

Offender must be present and must be with a staff member before you submit a grievance.

Offender must be present and must be with a staff member before you submit a grievance.

Offender must be present and must be with a staff member before you submit a grievance. Please note that the space provided is for the offender to write the grievance and not for the staff member to write the response.

I can not extend my arms straight out with my palms up or down. If my arms are forced to be straightened out in any way, it will cause extreme pain and swelling because I have the ring of motion in both arms. My arms hurt 24/7 as is. Something would break or tear if my arms were to be forced straight out.

I've been trying for years for medical to give me medical to help me with this issue.

Copy was sent to: A. Richard Ellis  
Attorney at Law  
75 Magee Ave.  
Orlando, FL 32834

Action Requested to resolve your complaint:

*Medical needs to fix my ears where I'm not in so much pain so I can strengthen all my ears.*

Offender Signature:

*Steph Lee*Date: *9-15-21*

Offender Telephone:

Review of your medical records provided to you have not submitted any SCR to medical since July 2021 and also were sent by the provider for your complaint otherwise. Please follow the process in the future of submit a SCR during your scheduled appointment. Two office will schedule you an appointment with the provider. No further action warranted at this time.

Signature Authority:

*Offender*Date: *9/27/21*

If you are dissatisfied with the Step 1 response, please contact our Step 2 QIC to file the Complaint Investigation within 15 days from the date of our Step 1 response. State the reasons for appeal on the Step 2 Form.

Returned Reason: ☐ Reasoned that when the answer is no, it is no.

- ☐ 1. Complaint not properly stated.
- ☐ 2. No action in excess of 15 days.
- ☐ 3. Complaint not submitted.
- ☐ 4. Complaint not properly stated.
- ☐ 5. No action in excess of 15 days.
- ☐ 6. No action in excess of 15 days.
- ☐ 7. No action in excess of 15 days.
- ☐ 8. No action in excess of 15 days.
- ☐ 9. No action in excess of 15 days.
- ☐ 10. No action in excess of 15 days.
- ☐ 11. No action in excess of 15 days.
- ☐ 12. No action in excess of 15 days.

Offender Signature:

Application of the concerning letter to the case is not applicable and the case is not applicable to the case.

Applicant Signature:

Applicant Signature:

## OFFICE USE ONLY

Initial Submission:

Date:

Date:

Date:

Date:

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AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF WALKER §

BEFORE ME, the undersigned authority, on this day personally appeared Jessica Riley, who, being by me duly sworn, deposed as follows:

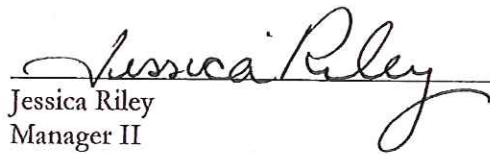
"My name is Jessica Riley and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the Manager II for the Resolution Support/Offender Grievance department of the Administrative Review and Risk Management Division, for the TDCJ, with my office located in Huntsville, Texas. Attached are true and correct copies of the *grievance records received by the TDCJ from inmate Stephen Dale Barbee TDCJ# 00999507 from January 1, 2019 to October 1, 2021*, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and as a regular practice of the TDCJ and were made at or near the time of the occurrence of the matters set forth by or from information transmitted by a person with knowledge of the matters.

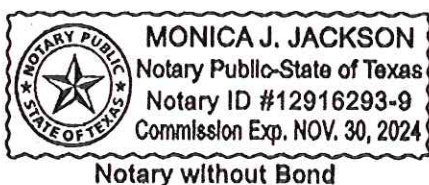
TDCJ records indicate that inmate Barbee did file Step 1 Grievance No. 2021045514 relating to food issues; however, the grievance was administratively closed as it was lost, and no copies can be located. Inmate Barbee was provided an opportunity to resubmit the grievance, though did not.

I declare under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth not."

  
\_\_\_\_\_  
Jessica Riley  
Manager II  
Resolution Support/Offender Grievance, ARRM  
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 4th day of October, 2021.



  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS